

FOOD SERVICE REQUEST

Incident Name_____ Management/Fiscal Code_____

Resource Order No._____ Request No._____ Date_____

I. Number of Meals

1. Date of first meal_____

Time of first meal_____

2. Estimated number for the first three meals (minimum guarantee is based on these estimates):

1st Meal _____ [] Breakfast [] Sack Lunch [] Dinner

2nd Meal _____ [] Breakfast [] Sack Lunch [] Dinner

3rd Meal _____ [] Breakfast [] Sack Lunch [] Dinner

II. Location

Reporting location_____

Contact person_____

Contracting Officer's Technical Representative _____

III. Support Information for Contractors

Nearest potable water_____

The benefiting unit is responsible for providing the following services:

- | | |
|----------------------|---|
| 1. Kitchen camp crew | 3. Potable water |
| 2. Gray water pumper | 4. Department of Health notified (optional) |

Incidents requesting potable water tenders, gray water tenders, or refrigerated storage vans must assign new request numbers for each resource ordered.

IV. Estimated Duration / Needs

1. Anticipated duration of incident_____

2. Number of personnel at peak of incident_____

3. Spike Camps? [] No [] Yes Number_____ No. of meals per camp per day_____

V. Additional Information

Contact_____ Telephone_____